

MOVING EXPENSE CLAIM  
(NON-RESIDENTIAL)

Parcel No. \_\_\_\_\_  
Claimant \_\_\_\_\_  
Old Address \_\_\_\_\_  
New Address \_\_\_\_\_  
New telephone \_\_\_\_\_  
Business Name \_\_\_\_\_  
Owner \_\_\_\_\_  
Commercial \_\_\_\_\_ Tenant \_\_\_\_\_ Non-profit \_\_\_\_\_ Farm \_\_\_\_\_ Outdoor Advertising Sign \_\_\_\_\_

I. MOVING EXPENSE COST (A or B )  
A. Commercial Move  
1 Moving Company \_\_\_\_\_  
2 Date moved to new address \_\_\_\_\_  
3 Moving Expense to Company \_\_\_\_\_  
4 Storage Expense \_\_\_\_\_  
a. Location of storage \_\_\_\_\_  
b. Date into storage \_\_\_\_\_  
c. Date out of storage \_\_\_\_\_  
d. Storage costs \_\_\_\_\_  
5 Reestablishment Expenses (attach worksheet) \_\_\_\_\_  
6 Total Charges ( sum of lines 3, 4.d, and 5 ) \$0.00  
( All charges must be supported by receipted invoices )  
B. Self Move (Not to exceed estimated cost of commercial move)  
1 Date moved to new address \_\_\_\_\_  
2 Total charges (attached copies of bids, or finding(s) or receipted invoices, as appropriate.) \_\_\_\_\_  
3 Reestablishment Expenses (from worksheet) \_\_\_\_\_  
4 Total charges \$0.00  
II. IN LIEU OF MOVING EXPENSE  
A. Date property vacated \_\_\_\_\_  
B. Payment Calculations  
1 Business in operation 2 previous full taxable year  
a. 1st taxable year prior to displacement \_\_\_\_\_  
b. 2nd taxable year prior to displacement \_\_\_\_\_  
c. Average of the two taxable years \_\_\_\_\_  
2 Business in operation less than 24 months prior to displacement  
(net earnings) ( # of months ) X 12  
4 \_\_\_\_\_  
C. Payment: (line B.1.c or line B.2) \_\_\_\_\_  
5 \_\_\_\_\_  
III. ADDITIONAL EXPENSES  
A. Actual direct loss of tangible personal property  
Losses claimed (attach explanation) \_\_\_\_\_  
B. Searching expenses  
Expenses claimed ( attach explanation ) \_\_\_\_\_  
IV. OTHER COSTS (ATTACH EXPLANATION) \_\_\_\_\_  
V. TOTAL AMOUNT THIS CLAIM \_\_\_\_\_  
Less previous payment (s) \_\_\_\_\_  
(complete check data a right and total Amount Due \_\_\_\_\_  
Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Amount \_\_\_\_\_  
TOTAL \_\_\_\_\_

CERTIFICATION:  
I hereby certify that the information contained and submitted is to the best of my knowledge true and correct.  
I also certify that the personal property items actually relocated and for which expenses are claimed, are substantially the same as those items shown in the certified inventory data.

\_\_\_\_\_  
claimant's signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

RECOMMENDED FOR APPROVAL/  
DISAPPROVAL

\_\_\_\_\_  
R/E AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIST. MGR / PROJECT MGR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADMINISTRATIVE MANAGER

\_\_\_\_\_  
DATE

Notes:

- 1 Displacee must secure Department's approval of estimated cost before move is made.
- 2 Reimbursements will be limited to cost of storage not to exceed 12 months
- 3 Eligibility must be established and approved by Department in advance of move. Not applicable for outdoor advertising signs.
- 4 Maximum payment, \$20,000; minimum payment, \$1,000. Must be supported by tax returns or other appropriate documentation.
- 5 Must be coordinated with Department in advance